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TRANSMITTAL LETTER

	ision of Corporations	,
SUBJECT:	(Name of Limited Partnership)	_
DOCUMEN	T NUMBER:	
The enclosed filing.	Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are	submitted for
Please return	all correspondence concerning this matter to the following:	
	(Name of Person)	
	(Firm/Company)	
	120 Polpit Hill Road #38	2005 J
	Amhe 64 MA 01002 and Zip Code)	2005 JAN -4 PM 4: 41 2005 JAN -4 PM 4: 41 2005 JAN -4 PM 4: 41
For further in	formation concerning this matter, please call:	RATION LORIDA
	(Name of Person) at (413) 549 5450 (Area Code & Daytime Telephone Number)	<u>-</u>
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

INHS66(9/03)

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Insert limited partnership's Florida document number: #0500000039
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.
2. The complete name of the entity after filing Statement of Qualification shall be:
Shelterwood LLLP (Must include LLLP or L.L.L.P.)
3. The street address of its chief executive office: SQLS Sea Rongs Orive, Onit 907 V (if different from current recorded address): HVASCO FL 39667
4. The street address of principal office in Florida:
5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be: as of the date this document is filed with the Florida Secretary of State a date later than the time of filing:
a date later than the time of filing: 7. The name and Florida street address of the partnership's agent for service of process: 65
The execution of this statement as a partner constitutes an affirmation under the penalties of purjury that the facts stated herein are true.
Signed this 7 day of Nocegover 2004.
Signature of TWO Partners: Designature C Wood
Typed or printed names of partners signing above: TOHN E WOOD JR. Dianne C Wood
Filing Fee: \$25.00